

# CLAIMS ONLY

Application Number

Filing Date

16526297

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1      |          |        |                       |        |                        |        |
| 2      |          |        |                       |        |                        |        |
| 3      |          |        |                       |        |                        |        |
| 4      |          |        |                       |        |                        |        |
| 5      |          |        |                       |        |                        |        |
| 6      |          |        |                       |        |                        |        |
| 7      |          |        |                       |        |                        |        |
| 8      |          |        |                       |        |                        |        |
| 9      |          |        |                       |        |                        |        |
| 10     |          |        |                       |        |                        |        |
| 11     |          |        |                       |        |                        |        |
| 12     |          |        |                       |        |                        |        |
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| 27     |          |        |                       |        |                        |        |
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| 30     |          |        |                       |        |                        |        |
| 31     |          |        |                       |        |                        |        |
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| 50     |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

  

|        | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 51     |          |        |                       |        |                        |        |
| 52     |          |        |                       |        |                        |        |
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| 81     |          |        |                       |        |                        |        |
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| 83     |          |        |                       |        |                        |        |
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| 86     |          |        |                       |        |                        |        |
| 87     |          |        |                       |        |                        |        |
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| 89     |          |        |                       |        |                        |        |
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| 100    |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |